Substitute for form 1449/PTO (Revised 07/2005)	Complete if Known	
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT	First Named Inventor	Clark
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(Use as many sheets as necessary)	Examiner Name	Mayes, Dionne Walls
Sheet 1 of 1	Attorney Docket Number	030627/267409

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Examiner Initials*	Cite No	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
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Examiner Initials	Cite No	Foreign Patent Document Country Code - Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	English Language Translation Attached

Examiner Signature		Date Considered	

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.